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		Pages:	5 (including cover sheet)
Mail Stop:	ISSUE FEE	Art Unit:	2182
Examiner:	Eron J. Sorrell	App. Filing Date:	January 12, 2001
RE:	Application No. 09/760,209		
	Attorney Docket No.: NEO1P028.US01 [previously 60333-302802]	Confirm No.	2681
<input checked="" type="checkbox"/> For entry into file		<input type="checkbox"/> For Review <input type="checkbox"/> Please Reply	

(No Fees are deemed necessary for this submission, however authority is given to the Commissioner of Patents to charge or credit fees to Deposit Account No. 50-3539)

● **Comments:** Enclosed to be entered in the above-application and listed as:

1. Transmittal Form (1 page)
2. RESPONSE TO NOTICE OF DRAWING INCONSISTENCY WITH SPECIFICATION, and 1 page attachment (3 pages)

PLEASE ACKNOWLEDGE RECEIPT OF THIS FAX: 800-822-7095

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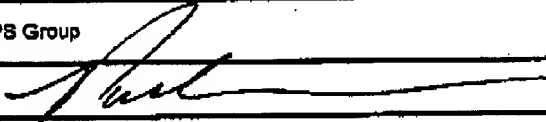
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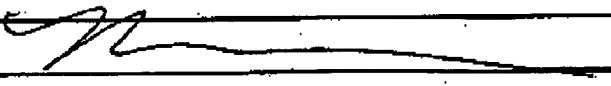
By Paul L. Hickman

MAR 06 2007

PTO/GB/21 (07-08)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/760,209
	Filing Date	January 12, 2001
	First Named Inventor	Michael Gough
	Art Unit	2182
	Examiner Name	E. Sorrell
	Attorney Docket Number	NEO1P028.US01
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Cover Sheet, 2. Response to Notice of Drawing Inconsistency and 1 page attachment
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u> This enclosed response is in reply to the NOTICE OF DRAWING INCONSISTENCY WITH SPECIFICATION mailed February 7, 2007 in the above application.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TIPS Group	
Signature		
Printed name	Paul L. Hickman	
Date	March 6, 2007	Reg. No. 28,516

CERTIFICATE OF (FAX)TRANSMISSION/MAILING			
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Typed or printed name	Paul L. Hickman	Date	March 6, 2007
60884699 V1			